

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY
PATENT APPLICATION
TRANSMITTAL

Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 252312007500

First Inventor David S. JONES

Title MULTIVALENT PLATFORM MOLECULES COMPRISING HIGH MOLECULAR WEIGHT POLYETHYLENE OXIDE

Express Mail Label No. EL676225813US

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Express Mail Label No.: EL676225813US

Date of Deposit: June 7, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Tamara Venegas 

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g. PTO/SB/17) (in duplicate)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 66] (preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 USC 113) [Total Sheets 20]
5. Oath or Declaration (unsigned) [Total Pages 2]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. Application Data Sheet. See 37 CFR 1.76 (2 pages)

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper (1 page)
 - c. Statements verifying identity of above copies (2 pages)

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement (where there is an assignee) Power of Attorney
11. English Translation document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
Should be specifically itemized
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No:

Prior application information

Examiner

Group / Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

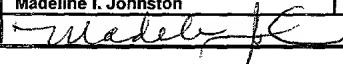
19. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Labelor Correspondence address below

25226

PATENT TRADEMARK OFFICE

(Insert Customer No or Attach bar code label here)

Name	Madeline I. Johnston		
Address	Morrison & Foerster LLP		
	755 Page Mill Road		
City	Palo Alto	State	CA
Country	U.S.	Telephone	(650) 813-5840
Zip Code	94304-1018		
Fax	(650) 494-0792		
Name (Print/Type)	Madeline I. Johnston	Registration No. (Attorney/Agent)	36,174
Signature			
	Date June 7, 2001		

FEE TRANSMITTAL FOR FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Davis S. JONES
Examiner Name	To Be Assigned
Group Art Unit	To Be Assigned

TOTAL AMOUNT OF PAYMENT

(\$481)

Attorney Docket No. 252312007500

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.272. Payment Enclosed: Check Credit Card Money Order Other

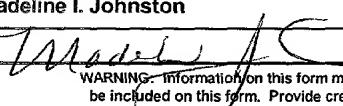
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavordable	
141	1,240	241	620	Petition to revive - unintentional	
SUBTOTAL (1) (\$355)					
2. EXTRA CLAIM FEES					
	Extra Claims	Fee from below		Fee Paid	
Total Claims 34 - 20 =	14	x 9	=	\$126	
Independent Claims 2 - 3 =	0	x 40	=	\$0	
Multiple Dependent			=	\$0	
SUBTOTAL (2) (\$126)					
or number previously paid, if greater; For reissues, see above.					
Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$0)					

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Madeline I. Johnston	Registration No. (Attorney/Agent)	36,174	Telephone	(650) 813-5840
Signature				Date	June 7, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.